

PART B - FEE(S) TRANSMITTAL

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20879 7590 10/10/2007

EMCH, SCHAFFER, SCHAUB & PORCELLO CO
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| | |
|-------------------------|--------------------|
| Kathy A. Burgess | (Depositor's name) |
| <i>Kathy A. Burgess</i> | (Signature) |
| 01/04/08 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/730,841 | 12/05/2003 | Thoms M. Coon | 03084 | 5210 |

TITLE OF INVENTION: FEMORAL IMPACTOR-EXTRACTOR

01/07/2008 EHAILE2 00000000 10730841

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------|------------------|-------------|
| nonprovisional | NO | \$1440 | \$300 | 03 DEC 2001 | \$1740 | 30 DEC 2008 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| SWIGER III, JAMES L | 3733 | 606-099000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Emch, Schaffer,
Schaub & Porcello
2. Co., L.P.A.
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MIS-TKA Group, LLC

Perrysburg, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Philip M. Rice

Date

January 2, 2008

Typed or printed name

Philip M. Rice

Registration No.

20,855

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